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UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) CS90103

GROUP ART UNIT: 2681

APPLN. NO.: 10/804,285

EXAMINER:

FILED: 03/19/2004

TITLE: APPARATUS AND METHOD FOR HANDOVER BETWEEN TWO
NETWORKS DURING AN ONGOING COMMUNICATION

TRANSMITTAL OF FORMAL DRAWINGS

Honorable Assistant Commissioner for Patents
Alexandria, VA. 22313

ATTN: OFFICIAL DRAFTSPERSON

SIR:

Enclosed are five (5) sheets of formal drawings, sheets 1/5 through 5/5,
FIGS. 1 through 6 for the above-identified application.

Respectfully submitted,
Pecen, et al.

Matthew C. Loppnow
Attorney for Applicants
Reg. No. 45,314
Tel.: 847-523-2585

MOTOROLA, INC.
Customer Number: 20280

Not Status

5-9-05

checked and
1 is on List 5-11-05



Ifw

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	CS90103	10 804 285
Filing Date	03/19/2004	
First Named Inventor	Pecen, et al.	
Group Art Unit	2681	
Examiner Name		
Total Number of Pages in this Submission	9	Attorney Docket Number CS90103

ENCLOSURES

(check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Transmittal of Formal Drawings
Remarks		

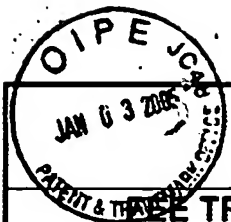
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Matthew C. Loppnow	Registration No.	45,314
Signature			
Date	12/30/04		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number _____ or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:

Typed or printed name	June Edwards		
Signature		Date	12/30/2004



FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Complete if Known	
	Application Number	CS90103 <i>10 804 285</i>
	Filing Date	03/19/2004
	First Named Inventor	Pecen, et al.
	Examiner Name	
Group Art Unit	2681	
TOTAL AMOUNT OF PAYMENT	(\$)	0
Attorney Docket No.	CS90103	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account:	
Deposit Account Number	502117
Deposit Account Name	Motorola, Inc.
The Director is authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application	
<input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.	

3. ADDITIONAL FEES			
Large Entity	Small Entity	Fee	Fee
Code	Code	(\$)	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2520	1812	2520
1804	920*	1804	920*
1805	1840*	1805	1840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1530	2254	765
1255	2080	2255	1040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1510	1451	1510
1452	110	2452	55
1453	1370	2453	685
1501	1370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify)			
SUBTOTAL (3) (\$)			
0			

FEE CALCULATION			
1. BASIC FILING FEE			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80
SUBTOTAL (1) (\$)			
0			

2. EXTRA CLAIM FEES			
Total Claims	Previously Paid**	Extra Claims	Fee from below
Independent Claims	20	3	18
			88
Multiple Dependent			
300			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
1202	18	2202	9
1201	88	2201	44
1203	300	2203	150
1204	88	2204	44
1205	18	2205	9
SUBTOTAL (2) (\$)			
0			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Matthew C. Loppnow	Registration No.	45,314
Signature	<i>Matthew C. Loppnow</i>	Telephone	847-523-2585
		Date	12/30/04